



ON THE JOB TRAINING PROGRAM (OJT)
MONTHLY TRAINEE REPORT
CONSTRUCTION LABORER TRAINEE
(DUE ON THE 15TH OF EVERY MONTH)

FORM NUMBER: _____

TRAINEE NAME: _____

ENROLLMENT DATE: _____

CONTRACTOR: _____

REPORTING MONTH: _____

REPORTING YEAR: _____

BECO ASSIGNED NUMBER: _____

PLEASE COMPLETE THE TRAINING PHASES COVERED THIS MONTH									
CONSTRUCTION LABORER TRAINEE		WEEK ENDING HOURS					ADOT/OWNER CONTRACT NUMBER	CONTRACT OWNER	TOTAL HOURS
		Week 1	Week 2	Week 3	Week 4	Week 5			
A	FAMILIARIZATION OF JOB SITE								
B	GENERAL CONSTRUCTION								
C	INTRODUCTION TO MEASURING TOOLS								
D	CONFINED SPACE ENTRY								
E	AIR TOOL OPERATION								
F	SMALL GAS ENGINES								
G	STRUCTURAL CONCRETE								
H	HIGHWAY WORK ZONE								
I	STRIPPING / SALVAGE								
J	PIPE INSTALLATION								
K	HOUSEKEEPING								
L	SUPPLEMENTAL TRAINING								
TOTAL TIME TRAINING THIS MONTH									
TOTAL TRAINING HOURS PRIOR TO THIS MONTH									
TOTAL TRAINING HOURS (CUMULATIVE)									

LABORER COMPLETION LEVELS AND PAY RATES	
<input type="checkbox"/> LEVEL 1 - 500 HOURS @ 60%	DATE COMPLETE _____
<input type="checkbox"/> LEVEL 2 - 500 HOURS @ 80%	DATE COMPLETE _____
<input type="checkbox"/> 1,000 OJT HOURS ACHIEVED CERITICATE OF COMPLETION AWARDED	

TRAINEE AND TRAINER SIGNATURES	
_____	_____
TRAINEE SIGNATURE	DATE
_____	_____
CONTRACTOR REPRESENTATIVE SIGNATURE	DATE

Reason for termination: _____

Date of termination: _____

Comment: _____

This form must be submitted electronically to the BECO and FIELD Office by the 15th of every month to - AZDOT.GOV/OJT

THIS AREA FOR ADOT USE ONLY (BECO)		
ADOT BECO OFFICE APPROVAL: _____	DATE: _____	TITLE: _____